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Washington, DC 20307-5001

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MidTerm Overall Evaluation Report

**PROPOSAL: 1999000255
TITLE: Oncology Outreach Evaluation**

1. ACCOMPLISHMENTS:

The Internet Tumor Board (ITB) project has been declared a success at Tripler Army Medical Center and was transferred from the research and development group to the hospital. In their after action report, the investigators specifically noted that the ITB allowed broader access to medical care, easier access to the Tripler health care system, and better utilization of specialists than the system (air-evac) previously in use. Questions left unanswered dealt with how the rapidly changing nature of the internet would affect the routine of the ITB. It was noted that some outcome issues, such as medical efficacy and patient outcome were difficult to measure objectively. Clinicians involved in the ITB had positive feedback and wish to continue its operation. As of this writing, the Principal Investigator, Brian Goldsmith, has ETS'd, and the technical contact at Tripler AMC is no longer available as a reference. John Statler, MAJ, MC has been named as the new PI. Currently, no representative from WRAMC has working knowledge of the internet tumor board. Per discussion with Mr. Tracy from the TAMC development office, there has been very little documentation of the software currently in use for the Tripler ITB. Dr. Statler, Dr. Dan Rayburn, and Mr. Tom Bigott went TDY to Tripler during the week of 18 SEP 00 and were successful in 1) obtaining copies of the software currently in use to run the ITB, 2) obtaining specifications for hardware needed to support the tumor board and 3) interfacing with the clinics currently using the internet tumor board in order to understand the strengths and weaknesses of the system. All physicians interviewed were pleased with the ITB as in its present form. The plan for the coming year is to continue with the implementation of the ITB linking Walter Reed with remote sites including Germany and other locations in Europe. The goal is that, as with Tripler, the air- evac system can be streamlined and only those patients with specific needs are returned to the CONUS. The ITB will also function to provide CME credits to physicians practicing in remote locations. It is hoped that the ITB will also strengthen the oncology referral system currently in place, and foster an academic environment between the medical center and referring clinics.

2. PROBLEMS:

As described above, no representatives at WRAMC have a working knowledge of the ITB or its software. No individual consultant is available to use as a reference in these issues. This has largely been remedied by our TDY to Tripler. We are considering retaining the services of the technical consultant responsible for the establishment of the Tripler ITB in order to help construct the WRAMC system.

3. LIFE-CYCLE:

The plan for the second half of the project cycle will be to 1) implement software and hardware necessary to support the ITB, 2) identify remote areas which will benefit from participation in an ITB with Walter Reed, 3) position hardware and software at these areas and 4) establish the ITB as a regularly scheduled inter-departmental meeting.

4. DELIVERABLES:

At the current rate, the project deliverable date is 1 AUG 01.